

**California Department of Alcohol and Drug Programs**  
**State Incentive Grant**  
**County Grant Application Signature Sheet**

<b>County:</b> Name of the County	<input type="checkbox"/> MBA (under 75,000) <input type="checkbox"/> Small (75,000-225,000) <input type="checkbox"/> Medium (225,000-700,000) <input type="checkbox"/> Large(Over 700,000)
<b>Single Point of Contact:</b> Name of Administrator Address (if different than above)	Phone: Fax: E-mail:

<b>Legal Applicant:</b> Name of Agency Address City, Zip  <b>Federal Tax ID No.:</b>	<b>Project Title:</b> Working Title of Project
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<b>Brief Project Description:</b> (In approximately 100 words, summarize the proposed project plan covering the objectives, method of procedure, evaluation and end product.)
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<b>County AOD Administrator:</b> Name of Administrator Address (if different than above) Phone: Fax: E-mail:	<b>Project Director:</b> Name of Project Director Address (if different than above) Phone: Fax: E-mail:
<b>Fiscal or Accounting Official:</b> Name of Official Address (if different than above) Phone: Fax:	<b>Office Authorized to Receive Payments:</b> Name of Official Address (if different than above)
If the County Administrator is not authorized to sign the Notice of Grant Award, list name and title of individual who will sign: <div style="margin-left: 40px;">Name of Official</div> <div style="margin-left: 40px;">Title</div>	

<b>Funds Requested:</b> <div style="display: flex; justify-content: space-between;"> <span>Total grant period: \$ xx</span> <span>Year 1: \$ xx</span> </div>
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**Certifications**

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that filing of the application has been duly authorized by the governing body of the applicant and that applicant will comply with the assurances required of applicants if the assistance is approved.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_